

Exhibit 5

**NOTICE OF CHILD MALTREATMENT DETERMINATION
AND RIGHT TO APPEAL**

October 20, 2010



Dear [REDACTED]:

We have completed our assessment of the report of alleged maltreatment of [REDACTED] Unborn. Wisconsin Statutes require that we determine whether abuse or neglect, as defined in state statutes, occurred. We have concluded that the child was maltreated. We have also concluded that you maltreated the child.

The basis for this determination is as follows:

48.133; Jurisdiction over unborn children in need of protection or services and the expectant mothers of those unborn children.

The agency records containing this information are generally confidential, but may be shared with a certifying or licensing agency or certain employers. Wisconsin statutes generally prohibit a person determined to have maltreated a child from holding a contract, or being licensed or employed to care for children, patients, clients, or other vulnerable persons, unless the person successfully completes a rehabilitation process as provided by law. The child maltreatment determination may be used to deny you this type of contract, employment, or license.

You may appeal this decision naming you as a person who has maltreated a child. If you wish to do so, complete and submit the attached "Child Maltreatment Determination Appeal Request" form to:

Craig Alwin, Deputy Director
Taylor County Human Services Dept.
540 E College St.
Medford, WI 54451



The "Child Maltreatment Determination Appeal Request" form must be postmarked or hand delivered no later than 30 calendar days from the date indicated at the beginning of this letter. Requests received after that date will automatically be denied.

If you have any questions about the appeal process or need assistance to complete the attached form, please contact Craig Alwin at 715-748-3332.

Sincerely,

Craig Alwin, Deputy Director

CHILD MALTREATMENT DETERMINATION APPEAL REQUEST

Use of form: This form will be used to begin the process to appeal the child maltreatment determination. Personally identifiable information on the form will be used for identification purposes only.

Complete all of the requested information below.

Name - Person Requesting Appeal	Birthdate (mm/dd/yyyy)	Date of Request (mm/dd/yyyy)
Address (Street, City, State, Zip Code)		Telephone Number - Home

I wish to appeal the child maltreatment determination that identified me as having abused or neglected a child.

My reasons for disagreeing with this decision are as follows: (If additional space is needed, attach a separate sheet.)

Answer the following questions.

1. Yes No Do you currently hold a license to provide care to nursing home patients or other patients in medical care facilities?

2. Yes No Do you currently hold a license or certification to provide child care or foster care?

3. Yes No Are you employed by or under contract to any facility (such as a nursing home) to provide direct care to patients and may lose that employment because you have been identified as a maltreater? If "Yes" indicate your occupation.
Occupation: _____

4. Yes No Are you employed in or under contract to any facility which is licensed to provide care to children and may lose your employment because you have been identified as a maltreater? If "Yes" indicate your occupation.
Occupation: _____

5. Yes No Based upon your past employment or current or past education or training are you likely to pursue licensing, certification or employment as a foster parent, day care worker, child care worker or health care worker in a facility such as a nursing home? If "Yes" explain below.

NOTE: This form must be returned to the agency listed on the notification letter included with this form.

